
Appendix B: BRFSS Questionnaire

Section 1: Health Status

- 1.1 Would you say that in general your health is—
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
- Don't know / Not sure
Refused

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- — Number of days
- None
Don't know / Not sure
Refused
- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- — Number of days
- None [If Q2.1 and Q2.2 = (None), go to next section]
Don't know / Not sure
Refused
- 2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
- — Number of days
- None
Don't know / Not sure
Refused

Section 3: Health Care Access

- 3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?
- 1 Yes [If using Health Care Access (HCA) Module go to Module 4, Q1, or continue]
 - 2 No
- Don't know / Not sure
Refused
- 3.2 Do you have one person you think of as your personal doctor or health care provider?
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"
- 1 Yes, only one
 - 2 More than one
 - 3 No
- Don't know / Not sure
Refused

- 3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

NOTE: If using HCA Module, go to Module 4, Q3, else continue.

- 3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 5 years (2 years but less than 5 years ago)
 - 4 5 or more years ago
 - Don't know / Not sure
 - Never
 - Refused

NOTE: If using HCA Module and Q3.1 = 1 go to Module 4, Question 4a or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not using HCA Module go to next section.

Section 4: Exercise

- 4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

Section 5: Inadequate Sleep

- 5.1 On average, how many hours of sleep do you get in a 24-hour period?

NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

__ Number of hours [01-24]
Don't know / Not sure
Refused

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

- 6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

- 6.2 (Ever told) you had angina or coronary heart disease?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.3 (Ever told) you had a stroke?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.4 (Ever told) you had asthma?
 1 Yes
 2 No
 Don't know / Not sure [Go to Q6.6]
 Refused [Go to Q6.6]
- 6.5 Do you still have asthma?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.6 (Ever told) you had skin cancer?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.7 (Ever told) you had any other types of cancer?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.8 (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
 1 Yes
 2 No
 Don't know / Not sure
 Refused

NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome

- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No
- Don't know / Not sure
- Refused

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. NOTE: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No
- Don't know / Not sure
- Refused

6.12 (Ever told) you have diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- Don't know / Not sure
- Refused

NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

6.13 How old were you when you were told you have diabetes?

- Code age in years [97 = 97 and older]
- Don't know / Not sure
- Refused

NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Oral Health

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason?
Include visits to dental specialists, such as orthodontists.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- Don't know / Not sure
- Never
- Refused

7.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- None
- Don't know / Not sure
- Refused

Section 8: Demographics

8.1 Are you ...

- 1 Male
- 2 Female
- Refused

8.2 What is your age?

- Code age in years
- Don't know / Not sure
- Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you... (NOTE: One or more categories may be selected.)

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- No
- Don't know / Not sure
- Refused

8.4 Which one or more of the following would you say is your race? (Select all that apply)

NOTE: Asian or Pacific Islander is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Other
No additional choices
Don't know / Not sure
Refused

NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

8.5 Which one of these groups would you say best represents your race?

NOTE: If Asian or Pacific Islander is selected read and code subcategory underneath major heading.

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
50 Pacific Islander
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

Other
Don't know / Not sure
Refused

8.6 Are you...?

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
6 A member of an unmarried couple
Refused

8.7 What is the highest grade or year of school you completed?

1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)
Refused

- 8.8 Do you own or rent your home?
1 Own
2 Rent
3 Other arrangement
Don't know / Not sure
Refused

NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

NOTE: We ask this question in order to compare health indicators among people with different housing situations.

- 8.9 In what county do you currently live?
_ _ _ ANSI County Code (formerly FIPS county code)
Don't know / Not sure
Refused

- 8.10 What is the ZIP Code where you currently live?
_ _ _ _ _ ZIP Code
Don't know / Not sure
Refused

NOTE: If cell(ular) telephone interview skip to 8.14 (QSTVER GE 20)

- 8.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
1 Yes
2 No [Go to Q8.13]
Don't know / Not sure [Go to Q8.13]
Refused [Go to Q8.13]

- 8.12 How many of these telephone numbers are residential numbers?
_ Residential telephone numbers [6 = 6 or more]
Don't know / Not sure
Refused

- 8.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.
1 Yes
2 No
Don't know / Not sure
Refused

- 8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?
NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
1 Yes
2 No
Don't know / Not sure
Refused

8.15 Are you currently...?

NOTE: If more than one, select the category which best describes you.

- 1 Employed for wages
 - 2 Self-employed
 - 3 Out of work for 1 year or more
 - 4 Out of work for less than 1 year
 - 5 A Homemaker
 - 6 A Student
 - 7 Retired
 - 8 Unable to work
- Refused

8.16 How many children less than 18 years of age live in your household?

— — Number of children

None

Refused

8.17 Is your annual household income from all sources—

If respondent refuses at ANY income level, code Refused

0 4 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 If “no,” code 04; if “yes,” ask 02
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 If “no,” code 02

0 5 Less than \$35,000 If “no,” ask 06
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Don't know / Not sure

Refused

8.18 Have you used the internet in the past 30 days?

1 Yes

2 No

Don't know/Not sure

Refused

8.19 About how much do you weigh without shoes? NOTE: If respondent answers in metrics, put “9” in column.

Round fractions up

— — — — Weight

(pounds/kilograms)

Don't know / Not sure

Refused

8.20 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put "9" in column.

Round fractions down

__ / __ Height

(f t / inches/meters/centimeters)

Don't know / Not sure

Refused

If male, go to 8.22, if female respondent is 45 years old or older, go to Q8.22

8.21 To your knowledge, are you now pregnant?

1 Yes

2 No

Don't know / Not sure

Refused

The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing?

1 Yes

2 No

Don't know / Not Sure

Refused

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

Don't know / Not Sure

Refused

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes

2 No

Don't know / Not sure

Refused

8.25 Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

Don't know / Not sure

Refused

8.26 Do you have difficulty dressing or bathing?

1 Yes

2 No

Don't know / Not sure

Refused

- 8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

Section 9: Tobacco Use

- 9.1 Have you smoked at least 100 cigarettes in your entire life?

NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

5 packs = 100 cigarettes

- 1 Yes
 - 2 No [Go to Q9.5]
 - Don't know / Not sure [Go to Q9.5]
 - Refused [Go to Q9.5]
- 9.2 Do you now smoke cigarettes every day, some days, or not at all?
- 1 Every day
 - 2 Some days
 - 3 Not at all [Go to Q9.4]
 - Don't know / Not sure [Go to Q9.5]
 - Refused [Go to Q9.5]
- 9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- 1 Yes [Go to Q9.5]
 - 2 No [Go to Q9.5]
 - Don't know / Not sure [Go to Q9.5]
 - Refused [Go to Q9.5]
- 9.4 How long has it been since you last smoked a cigarette, even one or two puffs?
- 0 1 Within the past month (less than 1 month ago)
 - 0 2 Within the past 3 months (1 month but less than 3 months ago)
 - 0 3 Within the past 6 months (3 months but less than 6 months ago)
 - 0 4 Within the past year (6 months but less than 1 year ago)
 - 0 5 Within the past 5 years (1 year but less than 5 years ago)
 - 0 6 Within the past 10 years (5 years but less than 10 years ago)
 - 0 7 10 years or more
 - 0 8 Never smoked regularly
 - Don't know / Not sure
 - Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 1 Every day
- 2 Some days
- 3 Not at all
- Don't know / Not sure
- Refused

Section 10: E-Cigarettes

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

10.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?

- 1 Yes
- 2 No [Go to next section]
- Don't know / Not Sure
- Refused [Go to next section]

10.2 Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- Don't know / Not sure
- Refused

Section 11: Alcohol Consumption

11.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 __ Days per week
- 2 __ Days in past 30 days
- 8 8 8 No drinks in past 30 days [Go to next section]
- Don't know / Not sure [Go to next section]
- Refused [Go to next section]

11.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- __ Number of drinks
- Don't know / Not sure
- Refused

- 11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on an occasion?
 __ Number of times
 None
 Don't know / Not sure
 Refused
- 11.4 During the past 30 days, what is the largest number of drinks you had on any occasion?
 __ Number of drinks
 Don't know / Not sure
 Refused

Section 12: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

- 12.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
 2 No [Go to Q12.3]
 Don't know / Not sure [Go to Q12.3]
 Refused [Go to Q12.3]
- 12.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
 __ / ____ Month / Year
 Don't know / Not sure
 Refused
- 12.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 12.4. Since 2005, have you had a tetanus shot? If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"
 1 Yes, received Tdap
 2 Yes, received tetanus shot, but not Tdap
 3 Yes, received tetanus shot but not sure what type
 4 No, did not receive any tetanus since 2005
 Don't know/Not sure
 Refused

Section 13: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

13.1 In the past 12 months, how many times have you fallen?

- | | | |
|-----------------------|-----------------|----------------------|
| __ | Number of times | [76 = 76 or more] |
| None | | [Go to next section] |
| Don't know / Not sure | | [Go to next section] |
| Refused | | [Go to next section] |

13.2 [Fill in "Did this fall (from Q13.1) cause an injury?"]. If only one fall from Q13.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- | | | |
|-----------------------|-----------------|-------------------|
| __ | Number of falls | [76 = 76 or more] |
| None | | |
| Don't know / Not sure | | |
| Refused | | |

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say—

- | | |
|---|------------------------------|
| 1 | Always |
| 2 | Nearly always |
| 3 | Sometimes |
| 4 | Seldom |
| 5 | Never |
| 7 | Don't know / Not sure |
| | Never drive or ride in a car |
| | Refused |

NOTE: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

NOTE: If Q11.1 = No drinks in the past 30 days; go to next section.

15.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- | | |
|-----------------------|-----------------|
| __ | Number of times |
| None | |
| Don't know / Not sure | |
| Refused | |

Section 16: Breast and Cervical Cancer Screening

NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

16.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No [Go to Q16.3]
- Don't know / Not sure [Go to Q16.3]
- Refused [Go to Q16.3]

16.2 How long has it been since you had your last mammogram?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- Don't know / Not sure
- Refused

16.3 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No [Go to Q16.5]
- Don't know / Not sure [Go to Q16.5]
- Refused [Go to Q16.5]

16.4 How long has it been since you had your last Pap test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- Don't know / Not sure
- Refused

Now, I would like to ask you about the Human Papillomavirus (Pap·uh·loh·muh virus) or HPV test.

16.5 An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?

- 1 Yes
- 2 No [Go to Q16.7]
- Don't know/Not sure [Go to Q16.7]
- Refused [Go to Q16.7]

16.6 How long has it been since you had your last HPV test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- Don't know / Not sure
- Refused

NOTE: If response to Core Q8.21 = 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy?

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- Don't know / Not sure
- Refused

Section 17: Prostate Cancer Screening

NOTE: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

17.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

- 1 Yes
- 2 No
- Don't Know / Not sure
- Refused

17.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

- 1 Yes
- 2 No
- Don't Know / Not sure
- Refused

17.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

- 1 Yes
- 2 No
- Don't Know / Not sure
- Refused

17.4. Have you EVER HAD a PSA test?

- 1 Yes
- 2 No [Go to next section]
- Don't Know / Not sure [Go to next section]
- Refused [Go to next section]

17.5. How long has it been since you had your last PSA test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- Don't know / Not sure
- Refused

- 17.6. What was the MAIN reason you had this PSA test – was it ...?
- 1 Part of a routine exam
 - 2 Because of a prostate problem
 - 3 Because of a family history of prostate cancer
 - 4 Because you were told you had prostate cancer
 - 5 Some other reason
 - Don't know / Not sure
 - Refused

Section 18: Colorectal Cancer Screening

NOTE: If respondent is \leq 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

- 18.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?
- 1 Yes
 - 2 No [Go to Q18.3]
 - Don't know / Not sure [Go to Q18.3]
 - Refused [Go to Q18.3]
- 18.2 How long has it been since you had your last blood stool test using a home kit?
- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 3 years (2 years but less than 3 years ago)
 - 4 Within the past 5 years (3 years but less than 5 years ago)
 - 5 5 or more years ago
 - Don't know / Not sure
 - Refused
- 18.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?
- 1 Yes
 - 2 No [Go to next section]
 - Don't know / Not sure [Go to next section]
 - Refused [Go to next section]
- 18.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?
- 1 Sigmoidoscopy
 - 2 Colonoscopy
 - Don't know / Not sure
 - Refused

- 18.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?
- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 3 years (2 years but less than 3 years ago)
 - 4 Within the past 5 years (3 years but less than 5 years ago)
 - 5 Within the past 10 years (5 years but less than 10 years ago)
 - 6 10 or more years ago
- Don't know / Not sure
Refused

Section 19: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 19.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth.
- 1 Yes
 - 2 No [Go to Q19.3]
 - Don't know / Not sure [Go to Q19.3]
 - Refused [Go to Q19.3]

- 19.2 Not including blood donations, in what month and year was your last HIV test?
NOTE: If response is before January 1985, code "Don't know."
INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.
- __ / ____ Code month and year
- Don't know / Not sure
Refused / Not sure

- 19.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.
- You have used intravenous drugs in the past year.
 - You have been treated for a sexually transmitted or venereal disease in the past year.
 - You have given or received money or drugs in exchange for sex in the past year.
 - You had anal sex without a condom in the past year.
 - You had four or more sex partners in the past year.

Do any of these situations apply to you?

- 1 Yes
- 2 No
- Don't know / Not sure
- Refused

Module 1: Pre-Diabetes

- NOTE: Only asked of those not responding "Yes" to Core Q6.12 (Diabetes awareness question).
1. Have you had a test for high blood sugar or diabetes within the past three years?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

NOTE: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

- 2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- Don't know / Not sure
- Refused

Module 2: Diabetes

NOTE: To be asked following Core Q6.13; if response to Q6.12 is "Yes" (code = 1)

1. Are you now taking insulin?

- 1 Yes
- 2 No
- Refused

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- Never
- Don't know / Not sure
- Refused

NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- No feet
- Never
- Don't know / Not sure
- Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- _ _ Number of times [76 = 76 or more]
- None
- Don't know / Not sure
- Refused

5. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
- — Number of times [76 = 76 or more]
 None
 Never heard of "A one C" test
 Don't know / Not sure
 Refused

NOTE: If Q3 = No feet, go to Q7.

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- — Number of times [76 = 76 or more]
 None
 Don't know / Not sure
 Refused
7. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- 1 Within the past month (anytime less than 1 month ago)
 2 Within the past year (1 month but less than 12 months ago)
 3 Within the past 2 years (1 year but less than 2 years ago)
 4 2 or more years ago
 Don't know / Not sure
 Never
 Refused
8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- 1 Yes
 2 No
 Don't know / Not sure
 Refused
9. Have you ever taken a course or class in how to manage your diabetes yourself?
- 1 Yes
 2 No
 Don't know / Not sure
 Refused

Module 6: Caregiver

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?
- INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and code 8.
- 1 Yes
 2 No [Go to Question 9]
 Don't know/Not sure [Go to Question 9]
 Caregiving recipient died in past 30 days [Go to next module]
 Refused [Go to Question 9]

2. What is his or her relationship to you? NOTE: If more than one person, say: "Please refer to the person to whom you are giving the most care."
- | | | | |
|----|---------------------------|----|----------------------------|
| 01 | Mother | 10 | Sister or sister-in-law |
| 02 | Father | 11 | Grandmother |
| 03 | Mother-in-law | 12 | Grandfather |
| 04 | Father-in-law | 13 | Grandchild |
| 05 | Child | 14 | Other relative |
| 06 | Husband | 15 | Non-relative/Family friend |
| 07 | Wife | | Don't know/Not sure |
| 08 | Live in partner | | Refused |
| 09 | Brother or brother-in-law | | |
3. For how long have you provided care for that person? Would you say...
- 1 Less than 30 days
 - 2 1 month to less than 6 months
 - 3 6 months to less than 2 years
 - 4 2 years to less than 5 years
 - 5 More than 5 years
- Don't Know/ Not Sure
Refused
4. In an average week, how many hours do you provide care or assistance? Would you say...
- 1 Up to 8 hours per week
 - 2 9 to 19 hours per week
 - 3 20 to 39 hours per week
 - 4 40 hours or more
- Don't know/Not sure
Refused
5. What is the main health problem, long-term illness, or disability that the person you care for has? IF NECESSARY: Please tell me which one of these conditions would you say is the major problem?
- 1 Arthritis/Rheumatism
 - 2 Asthma
 - 3 Cancer
 - 4 Chronic respiratory conditions such as Emphysema or COPD
 - 5 Dementia or other Cognitive Impairment Disorders
 - 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
 - 7 Diabetes
 - 8 Heart Disease, Hypertension, Stroke
 - 9 Human Immunodeficiency Virus Infection (HIV)
 - 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
 - 11 Other organ failure or diseases such as kidney or liver problems
 - 12 Substance Abuse or Addiction Disorders
 - 13 Injuries, including broken bones
 - 14 Old age/infirmity/frailty
 - 15 Other
- Don't know/Not sure
Refused

6. In the past 30 days, did you provide care for this person by...
 Managing personal care such as giving medications, feeding, dressing, or bathing?
 1 Yes
 2 No
 Don't Know /Not Sure
 Refused
7. In the past 30 days, did you provide care for this person by...
 Managing household tasks such as cleaning, managing money, or preparing meals?
 1 Yes
 2 No
 Don't Know /Not Sure
 Refused
8. Of the following support services, which one do YOU most need, that you are not currently getting?
 [NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term or long-term breaks for people who provide care.
 1 Classes about giving care, such as giving medications
 2 Help in getting access to services
 3 Support groups
 4 Individual counseling to help cope with giving care
 5 Respite care
 6 You don't need any of these support services
 Don't Know /Not Sure
 Refused

[If Q1 = 1 or 8, GO TO NEXT MODULE]

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?
 1 Yes
 2 No
 Don't know/Not sure
 Refused

Module 14: Adult Human Papillomavirus (HPV)

NOTE: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

NOTE: Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

1. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]. Have you EVER had an HPV vaccination?
 1 Yes
 2 No [Go to next module]
 3 Doctor refused when asked [Go to next module]
 Don't know / Not sure [Go to next module]
 Refused [Go to next module]

2. How many HPV shots did you receive?

- _ _ Number of shots
- 0 3 All shots
- Don't know / Not sure
- Refused

Module 17: Cancer Survivorship

NOTE: If Core Q6.6 or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more
- Don't know / Not sure [Go to next module]
- Refused [Go to next module]

2. At what age were you told that you had cancer?

- _ _ Code age in years [97 = 97 and older]
- Don't know / Not sure
- Refused

NOTE: If Q1= 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

NOTE: This question refers to the first time they were told about their first cancer.

NOTE: If Core Q6.6 = 1 (Yes) and Q1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"?" then code 21 if "Melanoma" or 22 if "other skin cancer"

NOTE: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it?

If Q1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)

Breast

- 0 1 Breast cancer

Female reproductive (Gynecologic)

- 0 2 Cervical cancer (cancer of the cervix)
- 0 3 Endometrial cancer (cancer of the uterus)
- 0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer
- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid
- 0 9 Larynx

Gastrointestinal

- 1 0 Colon (intestine) cancer
- 1 1 Esophageal (esophagus)
- 1 2 Liver cancer
- 1 3 Pancreatic (pancreas) cancer
- 1 4 Rectal (rectum) cancer
- 1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 6 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 7 Leukemia (blood) cancer
- 1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Don't know / Not sure

Refused

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- 1 Yes [Go to next module]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to next module]
- 4 No, I haven't started treatment [Go to next module]
- Don't know / Not sure [Go to next module]
- Refused [Go to next module]

5. What type of doctor provides the majority of your health care?

NOTE: If the respondent requests clarification on of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 General Practitioner, Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other
- Don't know / Not sure
- Refused

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?
Read only if necessary: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

- 1 Yes
- 2 No
- Don't know / Not sure
- Refused

7. Have you EVER received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No [Go to Q9]
- Don't know / Not sure [Go to Q9]
- Refused [Go to Q9]

8. Were these instructions written down or printed on paper for you?

- 1 Yes
- 2 No
- Don't know / Not sure
- Refused

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

- 1 Yes
- 2 No
- Don't know / Not sure
- Refused

NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

10. Were you EVER denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
- 2 No
- Don't know / Not sure
- Refused

11. Did you participate in a clinical trial as part of your cancer treatment?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
12. Do you currently have physical pain caused by your cancer or cancer treatment?
 1 Yes
 2 No [Go to next module]
 Don't know / Not sure [Go to next module]
 Refused [Go to next module]
13. Is your pain currently under control?
 1 Yes, with medication (or treatment)
 2 Yes, without medication (or treatment)
 3 No, with medication (or treatment)
 4 No, without medication (or treatment)
 Don't know / Not sure
 Refused

Module 22: Random Child Selection

NOTE: If Core Q8.16 = No children under age 18 in the household, or Refused, go to next module.

If Core Q8.16 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q1]

If Core Q8.16 is >1 and Core Q8.16 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [: please fill in] child.

1. What is the birth month and year of the "Xth" child?
 __/____ Code month and year
 Don't know / Not sure
 Refused

INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?
 1 Boy
 2 Girl
 Refused
3. Is the child Hispanic, Latino/a, or Spanish origin?
 If yes, ask: Are they...
 NOTE: One or more categories may be selected
 1 Mexican, Mexican American, Chicano/a
 2 Puerto Rican
 3 Cuban
 4 Another Hispanic, Latino/a, or Spanish origin
 5 No
 Don't know / Not sure
 Refused
4. Which one or more of the following would you say is the race of the child? (Select all that apply)
 NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.
 10 White
 20 Black or African American
 30 American Indian or Alaska Native
 40 Asian
 41 Asian Indian
 42 Chinese
 43 Filipino
 44 Japanese
 45 Korean
 46 Vietnamese
 47 Other Asian
 50 Pacific Islander
 51 Native Hawaiian
 52 Guamanian or Chamorro
 53 Samoan
 54 Other Pacific Islander
 60 Other
 88 No additional choices
 Don't know / Not sure
 Refused
5. Which one of these groups would you say best represents the child's race?
 NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.
 10 White
 20 Black or African American
 30 American Indian or Alaska Native
 40 Asian
 41 Asian Indian
 42 Chinese
 43 Filipino
 44 Japanese
 45 Korean
 46 Vietnamese
 47 Other Asian

- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other
- Don't know / Not sure
- Refused

6. How are you related to the child?
- 1 Parent (include biologic, step, or adoptive parent)
 - 2 Grandparent
 - 3 Foster parent or guardian
 - 4 Sibling (include biologic, step, and adoptive sibling)
 - 5 Other relative
 - 6 Not related in any way
 - Don't know / Not sure
 - Refused

Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)

Code Description (Physical Activity, Questions 11.2 and 11.5 above)

- | | |
|---|---------------------------------|
| 0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution) | 4 1 Rugby |
| 0 2 Aerobics video or class | 4 2 Scuba diving |
| 0 3 Backpacking | 4 3 Skateboarding |
| 0 4 Badminton | 4 4 Skating – ice or roller |
| 0 5 Basketball | 4 5 Sledding, tobogganing |
| 0 6 Bicycling machine exercise | 4 6 Snorkeling |
| 0 7 Bicycling | 4 7 Snow blowing |
| 0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) | 4 8 Snow shoveling by hand |
| 0 9 Bowling | 4 9 Snow skiing |
| 1 0 Boxing | 5 0 Snowshoeing |
| 1 1 Calisthenics | 5 1 Soccer |
| 1 2 Canoeing/rowing in competition | 5 2 Softball/Baseball |
| 1 3 Carpentry | 5 3 Squash |
| 1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc | 5 4 Stair climbing/Stair master |
| 1 5 Elliptical/EFX machine exercise | 5 5 Stream fishing in waders |
| 1 6 Fishing from river bank or boat | 5 6 Surfing |
| 1 7 Frisbee | 5 7 Swimming |
| 1 8 Gardening (spading, weeding, digging, filling) | 5 8 Swimming in laps |
| 1 9 Golf (with motorized cart) | 5 9 Table tennis |
| 2 0 Golf (without motorized cart) | 6 0 Tai Chi |
| 2 1 Handball | 6 1 Tennis |
| 2 2 Hiking – cross-country | 6 2 Touch football |
| 2 3 Hockey | 6 3 Volleyball |
| 2 4 Horseback riding | 6 4 Walking |
| 2 5 Hunting large game – deer, elk | 6 6 Waterskiing |
| 2 6 Hunting small game – quail | 6 7 Weight lifting |
| 2 7 Inline Skating | 6 8 Wrestling |
| 2 8 Jogging | 6 9 Yoga |
| | 7 1 Childcare |

2 9 Lacrosse
3 0 Mountain climbing
3 1 Mowing lawn
3 2 Paddleball
3 3 Painting/papering house
3 4 Pilates
3 5 Racquetball
3 6 Raking lawn
3 7 Running
3 8 Rock Climbing
3 9 Rope skipping
4 0 Rowing machine exercise

7 2 Farm/Ranch Work (caring for livestock, stacking
hay, etc.)
7 3 Household Activities (vacuuming, dusting, home
repair, etc.)
7 4 Karate/Martial Arts
7 5 Upper Body Cycle (wheelchair sports,
ergometer, etc)
7 6 Yard work (cutting/gathering wood, trimming
hedges, etc.)
9 8 Other_____
9 9 Refused

SOUTH DAKOTA'S 2016 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "1" to Q. 3.1, continue. Otherwise go to SD01Q02.

- SD01Q01. Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care? Is it coverage through:
- 01 Your employer
 - 02 Someone else's employer
 - 03 A plan that you or someone else buys on your own
 - 04 Medicare
 - 05 Medicaid or Medical Assistance
 - 06 The military, CHAMPUS, TriCare, or the VA
 - 07 The Indian Health Service
 - 08 Some other source
 - 88 None
 - Don't know/Not sure
 - Refused

Go to Q. SD02Q01.

If "2" to Q. 3.1, continue. Otherwise go to SD02Q01.

- SD01Q02. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following: Coverage through:
- 01 Your employer
 - 02 Someone else's employer
 - 03 A plan that you or someone else buys on your own
 - 04 Medicare
 - 05 Medicaid or Medical Assistance
 - 06 The military, CHAMPUS, TriCare, or the VA
 - 07 The Indian Health Service
 - 08 Some other source
 - 88 None
 - Don't know/Not sure
 - Refused

TOBACCO

If "1" to Q. 3.4, And If ("1" or "2" to Q. 9.2) or ("1" or "2" to Q. 9.5), continue. Otherwise, go to SD03Q01.

SD02Q01. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

If "1" or "2" to Q. 8.15, continue. Otherwise, go to SD03Q03.

SD03Q01. While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No Go to SD03Q03
- Don't Know/Not Sure Go to SD03Q03
- Refused Go to SD03Q03

SD03Q02. Which of the following best describes your place of work's official smoking policy for work areas?

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas
- 4 No official policy
- Don't know/Not sure
- Refused

SD03Q03. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

- 1 Smoking is not allowed anywhere inside your home Go to SD03Q05
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home
- 4 There are no rules about smoking inside your home
- Don't know / Not sure
- Refused

SD03Q04. On how many of the past 7 days did someone smoke in your home while you were there?

- Number of days
- 5 5 Not at home in the past 7 days
- None
- Don't know / Not sure
- Refused

If "1" or "2" to Q. 10.2, continue. Otherwise, go to SD04Q01.

SD03Q05. During the past 30 days on how many days did you use electronic cigarettes or E-cigarettes?

- Number of Days [Range 1-30]
- None
- Don't know/Not sure
- Refused

SKIN CANCER

- SD04Q01 When you are outside for more than one hour on a sunny day, how often do you wear sun block or sunscreen with an SPF of 15 or higher?
- 1 Always
 - 2 Nearly Always
 - 3 Sometimes
 - 4 Seldom
 - 5 Never
 - 6 Don't stay out for more than an hour
- Don't Know/Not Sure
Refused

SOUTH DAKOTA QUITLINE NAME RECOGNITION

- SD05Q01. Have you heard about the South Dakota Department of Health program called the "South Dakota Quitline" that offers free services designed to help a person quit tobacco?
- 1 Yes
 - 2 No
- Don't Know/Not Sure
Refused

COLORECTAL CANCER SCREENING

If respondent is ≤ 49 years of age, go to Q. SD07Q01

- SD06Q01 Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?
- 1 Yes
 - 2 No
- Don't Know/Not Sure
Refused

PHYSICAL ACTIVITY

- SD07Q01. How many trips per week do you walk or ride a bicycle to a destination such as to work or to the grocery store?
- _ _ Trips
- Don't know / Not sure
Refused
- SD07Q02. How many hours per day, on average, do you sit? Including in the car, at work, and at home? NOTE: Include any time awake and off of your feet - either sitting or lying down, but do not include times when asleep.
- _ _ Hours
- Don't know / Not sure
Refused

SUBSTANCE ABUSE AND MENTAL HEALTH

SD08Q01 Are you now taking medicine or receiving treatment from a doctor or other health professionals for any type of mental health condition or emotional problem?

- 1 Yes
- 2 No
- Don't know/Not sure
- Refused

SD08Q02 Have you ever been treated or are you currently being treated by a health care professional for substance abuse?

- 1 Yes
- 2 No
- Don't know/Not sure
- Refused

CHILDREN'S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 8.16, continue. Otherwise, go closing statement.

I'm now going to ask you some more questions about the child in the household that we talked about earlier.

SD09Q01. Does this child have health coverage?

- 1 Yes
- 2 No Go to SD09Q03
- Don't Know/Not Sure Go to closing statement
- Refused Go to closing statement

SD09Q02. What type of health coverage do you use to pay for most of this child's medical care?

Is it coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, CHIP, or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service (IHS)
- 09 Community Health Services
- 08 Some other source
- 88 None
- Don't know/Not sure
- Refused

SD09Q03. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following.

Coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, CHIP, or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 09 Community Health Services
- 08 Some other source
- 88 None
- Don't know/Not sure
- Refused

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

